

**CIGNA Choice Fund<sup>SM</sup> - Health Savings Account *powered by Chase***  
**Automatic Claim Forwarding Election**



**CIGNA**

***Enrollment/Change Form***

Please Print Information Below

EMPLOYEE INFORMATION	
EMPLOYEE'S NAME (Last, First, M.I.)	EMPLOYEE'S SOCIAL SECURITY NUMBER (REQUIRED)
EMPLOYER NAME (REQUIRED)	
AUTOMATIC CLAIM FORWARDING AUTHORIZATION	
<p>Under your CIGNA Choice Fund Health Savings Account (HSA) you may authorize CIGNA to automatically forward medical expenses from your CIGNA medical plan to your HSA for payment. Under this process, medical expenses for you and any covered dependents which are not payable under your CIGNA medical plan (for example, if you have not met your deductible) will be submitted automatically to your HSA. Available dollars will be paid <b>directly to your provider</b>. You will receive an Explanation of Benefits (EOB) which details both the medical claim as well as any payment made from your HSA, and (if applicable) any remaining balance you owe the provider. CIGNA reserves the right to make corrections or adjustments to payments made from your HSA as necessary.</p> <p>Items you should consider prior to making your Automatic Claim Forwarding (ACF) election:</p> <ul style="list-style-type: none"><li>• Automatic Claim Forwarding applies to medical claims only. Pharmacy and Dental claims will not be automatically forwarded.</li><li>• Automatic Claim Forwarding applies to medical claims submitted to CIGNA directly from your provider. The majority of medical claims are submitted from providers, and expenses not payable under the medical plan are paid to your provider directly on your behalf. (Please note you should <b>not</b> pay your provider deductible or coinsurance amounts at the point of service as CIGNA will pay your provider.) If you do submit a medical claim directly to CIGNA, it will not be forwarded to your HSA.</li><li>• Your Automatic Claim Forwarding election applies to your medical claims and those of any dependent covered under your CIGNA medical plan. It is important to note that if you have a dependent covered under your CIGNA medical plan that is not considered to be a "Qualified Dependent" as defined under the Internal Revenue Code you should <b>not</b> elect Automatic Claim Forwarding. To obtain the IRS definition of a qualified dependent, you may contact your employer or go to <a href="http://www.irs.gov">www.irs.gov</a> and refer to Publication 929. Please note that this IRS definition changed effective January 1, 2005.</li><li>• Your Automatic Claim Forwarding election will be effective within 5 business days of receipt of this form.</li><li>• Automatic Claim Forwarding, if elected, will continue until you terminate your ACF election.</li></ul>	
<b>INITIAL ELECTION — use this section if this is your first Automatic Claim Forwarding election</b>	
<p>Select the following option and sign and date in the appropriate field below:</p> <p><i>Note: If you do not wish to elect the Automatic Claim Forwarding feature, there is no need to send in this form.</i></p> <p><input type="checkbox"/> <b>Yes</b>, I hereby authorize CIGNA to pay medical expenses for myself and my dependents from my Health Savings Account.</p>	
<b>ELECTION CHANGE — use this section if you wish to change your current Automatic Claim Forwarding election</b>	
<p>Select one of the following options and sign and date in the appropriate field below:</p> <p><input type="checkbox"/> I have previously elected ACF and would like to <b>terminate</b> my election. I hereby request that CIGNA cease the payment of unpaid medical expenses for myself and my dependents from my Health Savings Account.</p> <p><input type="checkbox"/> I have <b>not</b> previously elected ACF. <b>I would like to elect ACF now.</b> I hereby authorize CIGNA to pay medical expenses for myself and my dependents from my Health Savings Account.</p>	
Signature	Date

**Return this form to:** Connecticut General Life Insurance Company  
Attention: CIGNA Choice Fund Health Savings Account Unit C-328  
900 Cottage Grove Road  
Hartford, CT 06152-1328

"CIGNA" or "CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare of Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.